



AMENDED CLAIM

VENDOR
CODE

PROPERTY TAX CREDIT CLAIM

SOCIAL SECURITY NO.				SPOUSE'S SOCIAL SECURITY NO.					
LAST NAME				FIRST NAME		INITIAL	JR, SR		
BIRTHDATE MM DD YY				TELEPHONE NUMBER		DECEASED <input type="checkbox"/> 2004			
SPOUSE'S LAST NAME				FIRST NAME		INITIAL	JR, SR		
BIRTHDATE MM DD YY						DECEASED <input type="checkbox"/> 2004			
IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)									
PRESENT HOME ADDRESS						CITY, TOWN, OR POST OFFICE		STATE	ZIP CODE

QUALIFICATIONS

☐ A. 65 years of age or older **(Attach a copy of Form SSA-1099.)**

☐ B. 100% Disabled Veteran **(Attach a copy of the letter from Department of Veteran's Affairs.)**

☐ C. 100% Disabled (**Attach a copy of the letter from Social Security Administration or Form SSA-1099.**)

☐ D. 60 years of age or older and received surviving spouse benefits (**Attach a copy of Form SSA-1099.**)

FILING STATUS

☐ Single ☐ Married — Filing Combined ☐ Married — **Living Separate for Entire Year**

**If married filing combined,
you must report both incomes.**

Failure to provide proper supporting documentation (rent receipt(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of your claim! Items listed below in red MUST be attached to claim if that line has an amount entered on it.

HOUSEHOLD INCOME		
1.	Enter the amount of social security benefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach Form SSA-1099 and/or RRB-1099.	00
2.	Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc.	00
3.	Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. Attach Form RRB/1099-R (Tier II).	00
4.	Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veteran's Affairs.	00
5.	Enter the total amount received by you and/or your minor children from: public relief, public assistance, SSI, child support, Temporary Assistance (TA) payments, or unemployment benefits. Attach letter from SSA, letter from Social Services, letter from DCSE, letter from DFS, Employment Security 1099, if applicable.	00
6.	TOTAL household income — Add Lines 1 through 5.	00
7.	Enter \$2,000 if you are married and filing a combined claim with your spouse. Otherwise, enter "0".	00
8.	Net household income — Subtract Line 7 from Line 6. If the total is over \$25,000, no credit is allowed — Do not file this claim. (Amount from Line 8 is used to figure your credit.)	00
REAL ESTATE TAX / RENT PAID		
9.	If you owned your home, enter the total amount of real estate tax that you paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification.	00
10.	If you rented your home, enter the amount from Form MO-CRP(s), Line 8 in box to the right. (If total yearly rent is more than Line 6, attach rent payment explanation.) Attach rent receipt(s) for each rent payment or the entire year; or a statement from your landlord, or copies of cancelled checks (front and back) along with Form MO-CRP. 00 x 20% =	00
11.	Total tax and/or rent — Add Lines 9 and 10 and enter the total or \$750, whichever is less. (Amount from Line 11 is used to figure your credit.)	00
CREDITS		
12.	You must use the chart on pages 14 and 15 to see how much refund you are allowed. Apply amounts from Lines 8 and 11 to chart on pages 14 and 15 to figure your Property Tax Credit. Line 12 should not exceed \$750. Enter credit here. TOTAL REFUND	00

SIGNATURE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous claim.

DOR
ONLY

S	E	P	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I authorize the Director of Revenue or delegate to discuss my claim and attachments with the preparer or any member of the preparer's firm. ☐ YES ☐ NO

PREPARER'S PHONE

SIGNATURE

DATE _____

PREPARER'S SIGNATURE

FFIN SSN OR PTIN

SPOUSE'S SIGNATURE

DAYTIME TELEPHONE

PREPARER'S ADDRESS AND ZIP CODE

DATE

Mail claim and attachments to Missouri Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.